



FEE \$150.00

The Commonwealth of Massachusetts
Department of State Police

RENEWAL APPLICATION FOR LICENSE AS A PRIVATE DETECTIVE

Legal Name in Full: _____ Date of Birth: _____
(Print)

Residence: _____
(Street & Number) (City or Town) (State) (Zip Code) (Telephone No.)

Business Name: _____
(Person, Firm, Corporation or Agency)

Business Address: _____
(Street & Number) (City or Town) (State) (Zip Code) (Telephone No.)

Previous License #: _____ Effective Date: _____ Expiration Date: _____

Since last issue of license, have you been convicted of a crime? If so, enumerate in space below.

Date	Where and in What Court	Result of Action

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes. (Chapter 62C, S. 49A).

Signature of Individual or Corporate Name By: _____
Corporate Officer (if applicable)

Social Security No.: _____ Federal Identification No.: _____

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTY OF PERJURY

(Today=s Date) Legal Signature (written in full)

This Application must be accompanied by Last Issue of License; Continuation Certificate on Surety Bond; Certified Check or Money Order Made Payable to the Commonwealth of Massachusetts.

A Application for Renewal must be made on or before Date of Expiration of License. **7**

(APPLICANT WILL NOT WRITE BELOW THIS LINE)

TO BE COMPLETED BY INVESTIGATOR RECOMMENDING LICENSE

1. HAS THE APPLICANT CONFORMED TO THE LAW DURING THE LAST YEAR? YES _____ NO _____

2. HAS THE CONTINUATION OR VERIFICATION CERTIFICATE ON SURETY BOND BEEN SUBMITTED FOR RENEWAL? YES _____ NO _____

3. HAS THIS APPLICANT SUCCESSFULLY PASSED A BACKGROUND INVESTIGATION? YES _____ NO _____

INVESTIGATOR: _____ DATE: _____ RECOMMENDATION: YES _____ NO _____

COMMENTS:

COMMANDER: _____ APPROVED/DENIED